

Registration District No. 35

Primary Registration District No. 1001

Registrar's No. 620

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution:
1324 Grand Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 23 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1324 Grand Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LAURA LAUVINA POTTORFF

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife William H. Pottorff

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 31, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace New London Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business Home

MOTHER FATHER { 12. Name Allen Austin

13. Birthplace Lorraine N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Hailey

15. Birthplace unknown Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.A. Ridpath

(b) Address 1324 Grand Ave. St. Joseph

17. (a) Burial (b) Date thereof 6-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) June 19 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th.
year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 3, 1937 to June 17, 1941
that I last saw her alive on June 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis-gen.
Duration 4 yrs.

Due to _____
Due to _____
12.12

Other conditions Myocardial Insufficiency 4 yrs.
renal Insufficiency
(Include pregnancy within 6 months of death)

Major findings: None
Of operations _____

Of autopsy None
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

85 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L.T. Bloomer, M.D. (M. D. or other)

Address 1218 N. 32 St. Date signed 6/19/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Carl W. House

Licensed Embalmer No.

3955

P. O. Address.....

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.